



Opioid Treatment

DEFINITION

Opioid Treatment Programs (OTPs) provide opioid treatment and comprehensive medical, psychosocial, and addiction treatment for narcotic-dependent individuals in a therapeutic environment.

Note: Please see [*CA-OTP Reference List*](#) for a list of resources that informed the development of these standards.

Table of Evidence

Self-Study Evidence

- Provide an overview of the different programs being accredited under this section. The overview should describe:
 - a. the program's service philosophy and approach to delivering services;
 - b. eligibility criteria;
 - c. any unique or special services provided to specific populations; and
 - d. major funding streams.
- If elements of the service (e.g., assessments) are provided by contract with outside programs or through participation in a formal, coordinated service delivery system, provide a list that identifies the providers and the service components for which they are responsible. Do not include services provided by referral.
- Provide any other information you would like the peer review team to know about these programs.
- A demographic profile of persons and families served by the programs being reviewed under this service section with percentages representing the following:
 - a. racial and ethnic characteristics;
 - b. gender/gender identity;
 - c. age;
 - d. major religious groups; and
 - e. major language groups
- As applicable, a list of groups or classes including, for each group or class:
 - a. the type of activity/group;
 - b. whether the activity/group is short-term or ongoing;
 - c. how often the activity/group is offered;
 - d. the average number of participants per session of the activity/group, in the last month; and
 - e. the total number of participants in the activity/group, in the last

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Individuals who participate in Opioid Treatment Programs improve social, emotional, and vocational functioning, achieve optimal productivity, and attain the recovery they seek.



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month

- A list of any programs that were opened, merged with other programs or services, or closed
- A list or description of program outcomes and outputs being measured

On-Site Evidence

No On-Site Evidence

On-Site Activities

No On-Site Activities

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CA-OTP 1: Access to Service

Individuals are promptly admitted for services.

Rating Indicators

1) All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice standards.

2) Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice standards; e.g.,

- Minor inconsistencies and not yet fully developed practices are noted, however, these do not significantly impact service quality; or
- Procedures need strengthening; or
- With few exceptions procedures are understood by staff and are being used; or
- For the most part, established timeframes are met; or
- Proper documentation is the norm and any issues with individual staff members are being addressed through performance evaluations (CA-HR 6.02) and training (CA-TS 2.03); or
- Active client participation occurs to a considerable extent.

3) Practice requires significant improvement, as noted in the ratings for the Practice standards. Service quality or program functioning may be compromised; e.g.,

- Procedures and/or case record documentation need significant strengthening; or
- Procedures are not well-understood or used appropriately; or
- Timeframes are often missed; or
- A number of client records are missing important information
- Client participation is inconsistent; or
- One of the Fundamental Practice Standards received a rating of 3 or 4.

4) Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice standards; e.g.,

- No written procedures, or procedures are clearly inadequate or not being used; or
- Documentation is routinely incomplete and/or missing; or
- Two or more Fundamental Practice Standards received a rating of 3 or 4.

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Table of Evidence

Self-Study Evidence

- Access procedures

On-Site Evidence

- Blank consent form

On-Site Activities

- Interview:
 - a. Clinical or program director
 - b. Relevant personnel
 - c. Persons served
- Review case records
- Observe facilities

CA-OTP 1.01

Services are provided in a welcoming environment that is conducive to rehabilitation, and operating hours are based on the needs of the service population.

(FP) CA-OTP 1.02

Pregnant women and individuals with urgent needs and emergency medical or psychiatric situations receive priority admission.

(FP) CA-OTP 1.03

Prior to admission each service recipient, or a parent or legal guardian, completes and signs a consent form.

CA-OTP 1.04

Individuals under 18 years of age are eligible for treatment only if they have experienced two documented, unsuccessful attempts at short-term detoxification or drug-free treatment.

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NA *The organization does not provide treatment to service recipient under 18 years of age.*

CA-OTP 1.05

Service recipients have emergency access to staff 24 hours a day, seven days a week.

CA-OTP 1.06

The organization does not serve individuals receiving services from other OTPs, except in extenuating circumstances, and the case record contains:

- a. results of a review to determine if the person is enrolled in another OTP; and
- b. justification of extenuating circumstances as determined by the medical director or physician, when they exist.

CA-OTP 1.07

The organization is responsible for the safety and quality of services provided via information and communications technology.

Related: CA-RPM 11

NA *The organization does not provide services via information and communications technology.*

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CA-OTP 2: Screening and Intake

The organization's screening and intake practices ensure that applicants receive prompt and responsive access to appropriate services.

Rating Indicators

1) All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice standards.

2) Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice standards; e.g.,

- Minor inconsistencies and not yet fully developed practices are noted, however, these do not significantly impact service quality; or
- Procedures need strengthening; or
- With few exceptions procedures are understood by staff and are being used; or
- Referrals procedures need strengthening; or
- For the most part, established timeframes are met;
- Active client participation occurs to a considerable extent.
- In a few rare instances urgent needs were not prioritized.

3) Practice requires significant improvement, as noted in the ratings for the Practice standards. Service quality or program functioning may be compromised; e.g.,

- Procedures and/or case record documentation need significant strengthening; or
- Procedures are not well-understood or used appropriately; or
- Urgent needs are often not prioritized, or
- Services are frequently not initiated in a timely manner; or
- Applicants are not receiving referrals, as appropriate; or
- A number of client records are missing important information or
- Client participation is inconsistent; or
- Screening and intake done by referral source and no documentation and/or summary of required information present in case record; or
- One of the Fundamental Practice Standards received a rating of 3 or 4.

4) Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice standards; e.g.,

- There are no written procedures, or procedures are clearly inadequate or not being used; or

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Individuals who participate in Opioid Treatment Programs improve social, emotional, and vocational functioning, achieve optimal productivity, and attain the recovery they seek.



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- Documentation is routinely incomplete and/or missing; or A
- Two or more Fundamental Practice Standards received a rating of 3 or 4.

Table of Evidence

Self-Study Evidence

- Screening and intake procedures

On-Site Evidence

No On-Site Evidence

On-Site Activities

- Interview:
 - a. Clinical or program director
 - b. Relevant personnel
 - c. Persons served
- Review case records

CA-OTP 2.01

Individuals are screened and informed about:

- a. how well the individual's request matches the organization's services; and
- b. what services will be available and when.

Research Note: *Literature suggests that patient matching is a critical strategy in helping to maintain individuals in treatment. Matching an individual's needs with appropriate services should involve (1) assessment; (2) selection of appropriate services and location of services; (3) identifying other support services; and (4) re-evaluating the match regularly.*

NA *Another organization is responsible for screening, as defined in a contract.*

CA-OTP 2.02

The organization provides or recommends the most appropriate and least restrictive or intrusive service alternative for the applicant.

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(FP) CA-OTP 2.03

Prompt, responsive intake practices ensure equitable treatment and support timely initiation of services.

CA-OTP 2.04

Individuals who cannot be served, or cannot be served promptly, are referred or connected to appropriate services.

NA *The organization accepts all clients.*

CA-OTP 2.05

During intake, the organization gathers information to identify critical service needs and/or determine when a more intensive service is necessary, including:

- a. personal and identifying information;
- b. emergency health needs; and
- c. safety concerns, including imminent danger or risk of future harm.

CA-OTP 2.06

During intake, the organization gathers information to identify critical service needs and/or determine when a more intensive service is necessary, including:

- a. personal and identifying information;
- b. emergency health needs; and
- c. safety concerns, including imminent danger or risk of future harm.

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CA-OTP 3: Assessment

Service recipients participate in an individualized, strengths-based, culturally responsive, comprehensive psychosocial and medical assessment.

Interpretation: *The Assessment Matrix - Private, Public, Canadian, Network determines which level of assessment is required for COA's Service Sections. The assessment elements of the Matrix can be tailored according to the needs of specific individuals or service design.*

Rating Indicators

1) All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice standards.

2) Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice standards; e.g.,

- Minor inconsistencies and not yet fully developed practices are noted, however, these do not significantly impact service quality; or
- Procedures need strengthening; or
- With few exceptions procedures are understood by staff and are being used; or
- For the most part, established timeframes are met; or
- Culturally responsive assessments are the norm and any issues with individual staff members are being addressed through performance evaluations (CA-HR 6.02) and training (CA-TS 2.05); or
- Active client participation occurs to a considerable extent; or
- Diagnostic tests are consistently and appropriately used, but interviews with staff indicate a need for more training (CA-TS 2.08).

3) Practice requires significant improvement, as noted in the ratings for the Practice standards. Service quality or program functioning may be compromised; e.g.,

- Procedures and/or case record documentation need significant strengthening; or
- Procedures are not well-understood or used appropriately; or
- Assessment and reassessment timeframes are often missed; or
- Assessment are sometimes not sufficiently individualized;
- Culturally responsive assessments are not the norm and this is not being addressed in supervision or training; or
- Staff are not competent to administer diagnostic tests, or tests are not being used when clinically indicated; or

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- Client participation is inconsistent; or
- Assessments are done by referral source and no documentation and/or summary of required information present in case record; or
- One of the Fundamental Practice Standards received a rating of 3 or 4.

4) Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice standards; e.g.,

- There are no written procedures, or procedures are clearly inadequate or not being used; or
- Documentation is routinely incomplete and/or missing; or
- Two or more Fundamental Practice Standards received a rating of 3 or 4.

Table of Evidence

Self-Study Evidence

- Assessment procedures
- Assessment tool and/or criteria included in assessment

On-Site Evidence

No On-Site Evidence

On-Site Activities

- Interview:
 - a. Medical personnel
 - b. Clinical personnel
 - c. Persons served
- Review case records

CA-OTP 3.01

At admission, a physician, or another qualified medical practitioner, documents that opioid treatment is medically necessary based on a determination that the individual:

- a. has been dependent on opiates for at least one year before admission, except in extenuating circumstances set forth in federal, provincial, and local law or regulation; and/or
- b. is physically dependent upon a narcotic drug, using accepted medical criteria, such as those listed in the Diagnostic and Statistical Manual for

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Mental Disorders.

Interpretation: *Extenuating circumstances may include release from penal institutions, pregnancy, and prior treatment history.*

CA-OTP 3.02

Personnel who conduct assessments are qualified by training, skill, and experience and can recognize individuals with special needs.

CA-OTP 3.03

The information gathered for assessments is strengths-based, comprehensive, directed at concerns identified in the initial screening, and limited to material for meeting service requests and objectives.

CA-OTP 3.04

A physician assesses each service recipient to ensure that he or she has voluntarily chosen opioid treatment and understands all relevant facts concerning the use of opioid treatment medication.

(FP) CA-OTP 3.05

Each person admitted to the program receives a medical evaluation by a physician, or a qualified medical practitioner under the supervision of the medical director, within 14 days of admission that includes, but is not limited to, the following baseline information:

- a. medical history, including history of narcotic dependence;
- b. evidence of current physical dependence;
- c. laboratory examinations, including a serological test for syphilis, a tuberculin skin test, and a toxicology test to analyze drug dependence;
- d. determination of the presence of infectious diseases or organ abnormalities;
- e. determination of vital signs, general appearance, and condition; and
- f. family, economic, occupational, and housing needs.

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(FP) CA-OTP 3.06

All individuals are screened for:

- a. high-risk behaviours related to HIV/AIDS, sexually transmitted diseases, multi drug-resistant tuberculosis, and other infectious diseases;
- b. patterns of other drug use, including Benzodiazepines;
- c. presence of co-occurring health and mental health conditions; and
- d. issues related to criminal activities.

Interpretation: *Individuals known to use Benzodiazepines, even when prescribed, are counselled as to their risk and provided with overdose prevention education and medication to counter the effects in the event of opioid overdose.*

Interpretation: *Individuals identified as having mental health needs receive integrated treatment directly or through referral to a cooperating service provider.*

CA-OTP 3.07

Assessments are conducted in a culturally responsive manner to identify resources that can increase service participation and support the achievement of agreed upon goals.

Interpretation: *Culturally responsive assessments can include attention to geographic location, language of choice, and the individual's religious, racial, ethnic, and cultural background. Other important factors that contribute to a responsive assessment include attention to age, sexual orientation, and developmental level.*

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CA-OTP 4: Service Planning and Monitoring

Every person participates in the development and ongoing review of a service plan that is the basis for delivery of appropriate services and support.

Rating Indicators

1) All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice standards.

2) Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice standards; e.g.,

- Minor inconsistencies and not yet fully developed practices are noted, however, these do not significantly impact service quality; or
- Procedures need strengthening; or
- With few exceptions procedures are understood by staff and are being used; or
- For the most part, established timeframes are met; or
- Proper documentation is the norm and any issues with individual staff members are being addressed through performance evaluations (CA-HR 6.02) and training (CA-TS 2.03); or
- In a few instances client or staff signatures are missing and/or not dated; or
- Active client participation occurs to a considerable extent.

3) Practice requires significant improvement, as noted in the ratings for the Practice standards. Service quality or program functioning may be compromised; e.g.,

- Procedures and/or case record documentation need significant strengthening; or
- Procedures are not well-understood or used appropriately; or
- Timeframes are often missed; or
- In a number of instances client or staff signatures are missing and/or not dated (CA-RPM 7.04); or
- Quarterly reviews are not being done consistently; or
- Level of care for some clients is inappropriate; or
- Service planning is often done without full client participation; or
- Appropriate family involvement is not documented; or
- Documentation is routinely incomplete and/or missing; or
- Assessments are done by referral source and no documentation and/or summary of required information present in case record; or

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- One of the Fundamental Practice Standards received a rating of 3 or 4.

4) Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice standards; e.g.,

- No written procedures, or procedures are clearly inadequate or not being used; or
- Documentation is routinely incomplete and/or missing; or
- Two or more Fundamental Practice Standards received a rating of 3 or 4.

Table of Evidence

Self-Study Evidence

- Service planning and monitoring procedures

On-Site Evidence

- Documentation of case review

On-Site Activities

- Interview:
 - a. Clinical personnel
 - b. Medical personnel
 - c. Persons served
- Review case records

CA-OTP 4.01

A service plan is developed in a timely manner with the full participation of the service recipient, and expedited service-planning is available when crisis or urgent need is identified.

Interpretation: *Service planning is conducted so that the service recipient retains as much personal responsibility and self-determination as possible and desired. Individuals with limited ability in making independent choices receive help with making or learning to make decisions.*

CA-OTP 4.02

A family-centred service plan is developed with the participation of the

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individual's family and/or significant others when agreed to by the person.

CA-OTP 4.03

The service plan is based on the assessment, and includes:

- a. agreed upon goals, including education, vocational, and employment goals, desired outcomes, and timeframes for achieving them;
- b. recommendations for medical, psychosocial, economic, legal, or other support services and by whom they will be provided; and
- c. the service recipient's signature.

CA-OTP 4.04

During the service planning process the organization explains:

- a. available options;
- b. how the organization can support the achievement of desired outcomes; and
- c. the benefits, alternatives, and risks or consequences of planned services.

CA-OTP 4.05

The service plan addresses, as appropriate:

- a. unmet service and support needs;
- b. possibilities for maintaining and strengthening family relationships; and
- c. the need for support of the individual's informal social network.

CA-OTP 4.06

The worker and a supervisor, or a clinical, service, or peer team, review the case quarterly to assess:

- a. service plan implementation;
- b. progress toward achieving goals and desired outcomes; and
- c. the continuing appropriateness of the service goals.

Interpretation: *Experienced workers may conduct reviews of their own*

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cases. In such cases, the worker's supervisor reviews a sample of the worker's evaluations as per the requirements of the standard. Timeframes for review should be adjusted depending upon: issues and needs of persons receiving services and frequency and intensity of services provided.

CA-OTP 4.07

The worker and service recipient or legal guardian regularly review progress toward achievement of agreed upon goals and sign revisions to service goals and plans.

CA-OTP 4.08

Family members and significant others, as appropriate and with the consent of the individual, may be invited to participate in case conferences and may be advised of ongoing progress.

Interpretation: *The organization facilitates the participation of family and significant others by, for example, helping arrange transportation or including them in scheduling decisions.*

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CA-OTP 5: Service Philosophy

The service philosophy:

- a. sets forth a logical approach for how program activities and interventions will meet the needs of service recipients;
- b. guides the development and implementation of program activities and services based on program goals and the best available evidence of service effectiveness; and
- c. outlines the service modalities and interventions that personnel may employ.

Interpretation: *A program model or logic model can be a useful tool to help staff think systematically about how the program can make a measurable difference by drawing a clear connection between the service population's needs, available resources, program activities and interventions, program outputs, and desired outcomes.*

Rating Indicators

1) All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice standards.

2) Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice standards; e.g.,

- Minor inconsistencies and not yet fully developed practices are noted, however, these do not significantly impact service quality; or
- Written service philosophy needs improvement or clarification; or
- Procedures need strengthening; or
- With few exceptions procedures are understood by staff and are being used; or
- Proper documentation is the norm and any issues with individual staff members are being addressed through performance evaluations (CA-HR 6.02) and training (CA-TS 2.03); or
- In a few rare instances required consent was not obtained; or
- Monitoring procedures need minor clarification; or
- With few exceptions the policy on prohibited interventions is understood by staff, or the written policy needs minor clarification.

3) Practice requires significant improvement, as noted in the ratings for the Practice standards. Service quality or program functioning may be compromised; e.g.,

- The written service philosophy needs significant improvement; or

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- Procedures and/or case record documentation need significant strengthening; or
- Procedures are not well-understood or used appropriately; or
- Documentation is inconsistent or in some instances is missing and no corrective action has not been initiated; or
- Required consent is often not obtained; or
- A few personnel who are employing non-traditional or unconventional interventions have not completed training, as required; or
- There are gaps in monitoring of interventions, as required; or
- Policy on prohibited interventions does not include at least one of the required elements; or
- Service philosophy is not clearly related to expressed mission or programs of the organization; or
- One of the Fundamental Practice Standards received a rating of 3 or 4.

4) Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice standards; e.g.,

- There is no written service philosophy; or
- There are no written policy or procedures, or procedures are clearly inadequate or not being used; or
- Documentation is routinely incomplete and/or missing; or
- Two or more Fundamental Practice Standards received a rating of 3 or 4.

Table of Evidence

Self-Study Evidence

- Include service philosophy in the Narrative

On-Site Evidence

No On-Site Evidence

On-Site Activities

- Interview:
 - a. Clinical or program director
 - b. Relevant personnel
 - c. Persons served

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CA-OTP 6: Community Services

The organization informs the community about its services, remains informed about community needs and resources, and identifies the mutual benefits of supporting individuals in their recovery.

Rating Indicators

1) All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice standards.

2) Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice standards; e.g.,

- Minor inconsistencies and not yet fully developed practices are noted, however, these do not significantly impact service quality; or
- Procedures need strengthening; or
- With few exceptions procedures are understood by staff and are being used; or
- For the most part, established timeframes are met; or
- Proper documentation is the norm and any issues with individual staff members are being addressed through performance evaluations (CA-HR 6.02) and training (CA-TS 2.03); or
- Active client participation occurs to a considerable extent.

3) Practice requires significant improvement, as noted in the ratings for the Practice standards. Service quality or program functioning may be compromised; e.g.,

- Procedures and/or case record documentation need significant strengthening; or
- Procedures are not well-understood or used appropriately; or
- Timeframes are often missed; or
- A number of client records are missing important information or
- Client participation is inconsistent; or
- One of the Fundamental Practice Standards received a rating of 3 or 4.

4) Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice standards; e.g.,

- No written procedures, or procedures are clearly inadequate or not being used; or
- Documentation is routinely incomplete and/or missing; or
- Two or more Fundamental Practice Standards received a rating of 3 or

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4.

Table of Evidence

Self-Study Evidence

No Self-Study Evidence

On-Site Evidence

- Description of the public education and community relations program

On-Site Activities

- Interview:
 - a. Personnel involved with the public education and community relations program

CA-OTP 6.01

A public education and community relations service component:

- a. educates the public about the value of opioid treatment;
- b. builds community support; and
- c. provides information about the organization.

CA-OTP 6.02

A public education and community relations service component also:

- a. serves as a community resource for substance use and related health, mental health, and social issues;
- b. establishes mechanisms to hear community views and issues about opioid treatment and the organization's presence in the community; and
- c. aims to address and resolve community concerns.

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CA-OTP 7: Service Elements

Services are responsive to individual strengths, needs, and goals.

Rating Indicators

1) All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice standards.

2) Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice standards; e.g.,

- Minor inconsistencies and not yet fully developed practices are noted, however, these do not significantly impact service quality; or
- Procedures need strengthening; or
- With few exceptions procedures are understood by staff and are being used; or
- For the most part, established timeframes are met; or
- Proper documentation is the norm and any issues with individual staff members are being addressed through performance evaluations (CA-HR 6.02) and training (CA-TS 2.03); or
- Active client participation occurs to a considerable extent.

3) Practice requires significant improvement, as noted in the ratings for the Practice standards. Service quality or program functioning may be compromised; e.g.,

- Procedures and/or case record documentation need significant strengthening; or
- Procedures are not well-understood or used appropriately; or
- Timeframes are often missed; or
- A number of client records are missing important information or
- Client participation is inconsistent; or
- One of the Fundamental Practice Standards received a rating of 3 or 4.

4) Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice standards; e.g.,

- No written procedures, or procedures are clearly inadequate or not being used; or
- Documentation is routinely incomplete and/or missing; or
- Two or more Fundamental Practice Standards received a rating of 3 or 4.

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Table of Evidence

Self-Study Evidence

- A description of services

On-Site Evidence

- Referral procedures
- Service agreements and formal referral arrangements

On-Site Activities

- Interview:
 - a. Clinical or program director
 - b. Relevant personnel
 - c. Persons served
- Review case records

CA-OTP 7.01

The organization provides, directly or by formal arrangement:

- a. substance use counselling that is coordinated with other counselling and services;
- b. access to physicians with knowledge of appropriate prescribing practices for an addicted population;
- c. activities that address the importance of drug and alcohol-free lifestyles and de-emphasise the role of intoxicants; and
- d. activities that address issues of particular concern to women, including intimacy, prevention of exposure to and transmission of HIV/AIDS and other STDs, child care, pregnancy, and family planning.

Interpretation: *The organization should establish and maintain relationships with other providers in the community. Formal arrangements include service agreements and formal referral arrangements.*

CA-OTP 7.02

Service recipients, and adults with whom they live, are oriented and educated about:

- a. program guidelines, rules, and regulations;
- b. the nature of addictive disorders;
- c. signs and symptoms of overdose and when to seek emergency

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- assistance;
- d. the dangers of cross-tolerance;
- e. dependency substitution and self-medication;
- f. therapeutic effects of opioid treatment medication;
- g. common myths about opioid treatment medication;
- h. the benefits of treatment and the recovery process;
- i. dispensing medication; and
- j. toxicology testing procedures.

CA-OTP 7.03

Individuals receive:

- a. infectious disease prevention and risk reduction information and education;
- b. counselling on HIV infection and other infectious diseases and referral for testing;
- c. intensive clinical support for continued active use of alcohol and other drugs;
- d. supplemental psychotherapy services or referrals for co-occurring mental health disorders;
- e. support, information, and referral when seeking alternative therapies;
- f. access to vocational rehabilitation, evaluation, education, and training services; and parenting workshops;
- g. access to support and specialized recovery groups if the person and his/her family is affected by HIV/AIDS; and
- h. noncompliance and discharge procedures.

Interpretation: *Counselling addresses the importance of treatment adherence and honesty and communication with the provider.*

Research Note: *Research suggests that individuals in opioid treatment programs who receive a combination of counselling, medical, psychiatric, employment, and family services remain in treatment longer than those that receive minimal counselling only.*

CA-OTP 7.04

Multiple models of care are used during different phases of the treatment process to meet the individual needs of service recipients, families, and significant others.

Interpretation: *The organization may organize treatment in a group format*

Purpose

Individuals who participate in Opioid Treatment Programs improve social, emotional, and vocational functioning, achieve optimal productivity, and attain the recovery they seek.



Opioid Treatment

based on the characteristics of a particular population, for example, by gender, age, sexual orientation, and racial, ethnic, and cultural background.

CA-OTP 7.05

The program embraces a recovery-oriented system of care framework that is:

- a. person-centered;
- b. strengths-based;
- c. culturally-responsive;
- d. facilitated and self-directed;
- e. supported by formal and informal resources; and
- f. ongoing.

Interpretation: *Recovery refers to a holistic process of change where individuals learn to overcome or manage their symptoms and conditions in order to improve overall well-being and achieve optimal health.*

Research Note: *Literature defines a recovery-oriented system of care as "a coordinated network of community-based services and supports that are person-centered and that builds on the strengths and resilience of individuals, families, and communities to achieve abstinence and improved health, wellness, and quality of life for those with or at risk of alcohol and drug problems".*

CA-OTP 7.06

The organization links individuals to peer support and self-help services when available.

Interpretation: *Sometimes self-help services, such as 12-Step programs are unfamiliar with opioid addiction treatment. The organization can establish their own program or make efforts to identify groups that are familiar with and accepting of individuals receiving opioid treatment.*

Interpretation: *Peer support refers to services provided by individuals who have shared, lived experience. Services promote resiliency and recovery and can include peer recovery groups, peer-to-peer counselling, peer mentoring or coaching, family and youth peer support, or other consumer-run services.*

Interpretation: *Organizations may provide peer support services directly or*

Purpose

Individuals who participate in Opioid Treatment Programs improve social, emotional, and vocational functioning, achieve optimal productivity, and attain the recovery they seek.



Opioid Treatment

have a referral system in place to ensure that service recipients have access to peer support services when needed. Peer support workers may also be part of the treatment team.

Research Note: *Peer support services have proven effective in areas of substance use, parenting, bereavement, chronic illness, and mental health. Research suggests that peer models increase social contacts, enhance daily functioning, and improve individuals' sense of empowerment and hopefulness.*

CA-OTP 7.07

Individuals diagnosed as having co-occurring health, mental health, and substance use conditions receive integrated treatment directly or through active involvement with a cooperating service provider.

Interpretation: *It is critical for providers to have an understanding of both the substance use and co-occurring disorder. If that level of expertise is unavailable, the organization should arrange for appropriate care elsewhere and facilitate the coordination of treatment and any other medications prescribed.*

Research Note: *The presence of a substance use and a mental health condition can make diagnosis and treatment significantly more difficult, resulting in poorer treatment outcomes. Research has demonstrated that integrated treatment is most effective for this service population. Treatment should be motivational, individualized, and comprehensive to accommodate the wide range of treatment needs.*

Note: *Organizations that treat substance use conditions are expected to have core capability to address co-occurring mental health conditions. An organization that has a specialized outpatient co-occurring disorder treatment program must also complete Services for Mental Health and/or Substance Use Disorders (CA-MHSU), recognizing that the mental health standards may need to be adapted for specialized core services provided within the context of services for substance use conditions.*

CA-OTP 7.08

The organization coordinates with the criminal justice system to advocate for continuous treatment for individuals who are incarcerated, or on probation or parole.

NA *The organization does not serve any individual involved in the criminal*

Purpose

Individuals who participate in Opioid Treatment Programs improve social, emotional, and vocational functioning, achieve optimal productivity, and attain the recovery they seek.



Opioid Treatment

justice system.

CA-OTP 7.09

The organization provides, or makes referrals for, relapse prevention services including counselling, support, and education for individuals who want to discontinue opioid treatment.

Purpose

Individuals who participate in Opioid Treatment Programs improve social, emotional, and vocational functioning, achieve optimal productivity, and attain the recovery they seek.



Opioid Treatment

CA-OTP 8: Medical Services

Medical services are provided, directly or by referral, according to individual needs.

Rating Indicators

1) All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice standards.

2) Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice standards; e.g.,

- Minor inconsistencies and not yet fully developed practices are noted, however, these do not significantly impact service quality; or
- Procedures need strengthening; or
- With few exceptions procedures are understood by staff and are being used; or
- For the most part, established timeframes are met; or
- Proper documentation is the norm and any issues with individual staff members are being addressed through performance evaluations (CA-HR 6.02) and training (CA-TS 2.03); or
- Active client participation occurs to a considerable extent.

3) Practice requires significant improvement, as noted in the ratings for the Practice standards. Service quality or program functioning may be compromised; e.g.,

- Procedures and/or case record documentation need significant strengthening; or
- Procedures are not well-understood or used appropriately; or
- Timeframes are often missed; or
- A number of client records are missing important information or
- Client participation is inconsistent; or
- One of the Fundamental Practice Standards received a rating of 3 or 4.

4) Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice standards; e.g.,

- No written procedures, or procedures are clearly inadequate or not being used; or
- Documentation is routinely incomplete and/or missing; or
- Two or more Fundamental Practice Standards received a rating of 3 or 4.

Purpose

Individuals who participate in Opioid Treatment Programs improve social, emotional, and vocational functioning, achieve optimal productivity, and attain the recovery they seek.



Opioid Treatment

Table of Evidence

Self-Study Evidence

- A description of services
- Procedures for obtaining medication blood levels
- Procedures for making referrals to medical, psychiatric, and pain management services
- Procedures for evaluating the benefits derived from treatment
- Table of contents of training curricula

On-Site Evidence

No On-Site Evidence

On-Site Activities

- Interview:
 - a. Medical director
 - b. Relevant personnel
 - c. Persons served
- Review case records

CA-OTP 8.01

The organization provides or makes referrals to medical and psychiatric services for necessary screening and follow-up.

(FP) CA-OTP 8.02

The organization obtains medication blood levels and conducts other medical and diagnostic procedures when clinically indicated.

CA-OTP 8.03

The organization uses opioid treatment medications approved by Health Canada in the treatment of opioid addiction.

CA-OTP 8.04

Individuals are maintained on opioid treatment medication as long as they desire, and derive benefit from, treatment.

Purpose

Individuals who participate in Opioid Treatment Programs improve social, emotional, and vocational functioning, achieve optimal productivity, and attain the recovery they seek.



Opioid Treatment

(FP) CA-OTP 8.05

The organization makes referrals for consultation with a specialist in pain medicine for individuals with chronic pain disorder.

Interpretation: *Generally, individuals with chronic pain disorder are not admitted to receive opioids only for pain, but there are exceptions if the program is the only available resource in the community. Individuals with both chronic pain and addiction should receive integrated treatment from appropriate medical specialists.*

CA-OTP 8.06

The organization queries the prescription drug monitoring program (PDMP):

- a. prior to initiating dosing for new patients;
- b. at clinical decision points, such as ordering take home medication; and
- c. routinely for all patients.

NA *There is no PDMP available.*

Purpose

Individuals who participate in Opioid Treatment Programs improve social, emotional, and vocational functioning, achieve optimal productivity, and attain the recovery they seek.



Opioid Treatment

CA-OTP 9: Toxicology Testing for Continued Drug Use

Toxicology testing is an integral component of service planning and clinical practice to help monitor and evaluate the individual's progress in treatment.

Related: CA-OTP 10.03

Rating Indicators

1) All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice standards.

2) Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice standards; e.g.,

- Minor inconsistencies and not yet fully developed practices are noted, however, these do not significantly impact service quality; or
- Procedures need strengthening; or
- With few exceptions procedures are understood by staff and are being used; or
- For the most part, established timeframes are met; or
- Proper documentation is the norm and any issues with individual staff members are being addressed through performance evaluations (CA-HR 6.02) and training (CA-TS 2.03); or
- Active client participation occurs to a considerable extent.

3) Practice requires significant improvement, as noted in the ratings for the Practice standards. Service quality or program functioning may be compromised; e.g.,

- Procedures and/or case record documentation need significant strengthening; or
- Procedures are not well-understood or used appropriately; or
- Timeframes are often missed; or
- A number of client records are missing important information or
- Client participation is inconsistent; or
- One of the Fundamental Practice Standards received a rating of 3 or 4.

4) Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice standards; e.g.,

- No written procedures, or procedures are clearly inadequate or not being used; or
- Documentation is routinely incomplete and/or missing; or

Purpose

Individuals who participate in Opioid Treatment Programs improve social, emotional, and vocational functioning, achieve optimal productivity, and attain the recovery they seek.



Opioid Treatment

- Two or more Fundamental Practice Standards received a rating of 3 or 4.

Table of Evidence

Self-Study Evidence

- Policies and procedures related to toxicology testing and record keeping
- Medical protocols

On-Site Evidence

No On-Site Evidence

On-Site Activities

- Interview:
 - a. Medical personnel
 - b. Relevant personnel
 - c. Individual responsible for ensuring compliance with regulations regarding toxicology reports
 - d. Persons served
- Review case records

CA-OTP 9.01

Prior to establishing a contract, the organization evaluates the quality of the laboratory to perform drug screens, including use of equipment, methodology, and quality control.

Related: CA-RPM 9.01

CA-OTP 9.02

Toxicology specimens are obtained:

- a. with respect for individual privacy;
- b. in a safe treatment atmosphere;
- c. randomly; and
- d. in a manner that minimizes the possibility of falsification.

Interpretation: *Toxicology specimens are obtained randomly based on protocols established in CA-OTP 9.03.*

Purpose

Individuals who participate in Opioid Treatment Programs improve social, emotional, and vocational functioning, achieve optimal productivity, and attain the recovery they seek.



Opioid Treatment

Interpretation: *Drug testing regimes are determined based on individual assessment results and by analyzing community drug-use patterns. Testing may include, but not be limited to, opiates, benzodiazepines, barbiturates, cocaine, marijuana, methadone (and its metabolites), amphetamines, and alcohol.*

CA-OTP 9.03

After the individual's initial admission test, the timing and frequency of toxicology testing is clinically appropriate for each individual, and the opioid treatment program conducts:

- a. at least eight random drug tests per service recipient, per year;
- b. at least one initial and two subsequent tests for individuals in interim maintenance treatment; and
- c. tests, as appropriate, during medically supervised and other types of withdrawal.

CA-OTP 9.04

Toxicology testing practices include, and are not limited to:

- a. informing individuals about how specimens are collected and of their responsibility to provide a specimen when asked;
- b. discussing positive toxicology results with the individual;
- c. providing counselling, medical review, and other interventions if the person continues to test positive for illegal substance use;
- d. methods to minimize falsification during the drug testing sample collection;
- e. a process for reviewing false-positive and false-negative results; and
- f. documenting results in the case record along with the person's response.

CA-OTP 9.05

Following the receipt of toxicology test results, the organization:

- a. evaluates negative reports for opioid treatment medication and related metabolites;
- b. reviews dosage when positive toxicology reports for drugs are received;
- c. investigates the possibility of false positive results when individuals deny

Purpose

Individuals who participate in Opioid Treatment Programs improve social, emotional, and vocational functioning, achieve optimal productivity, and attain the recovery they seek.



Opioid Treatment

drug use;

- d. rapidly responds if the individual is found to be in danger of relapse; and
- e. uses the results to determine the need for additional interventions.

Interpretation: *Immediate action is taken to investigate possible diversion of opioid medication when toxicology tests indicate lack of opioids or related metabolites.*

CA-OTP 9.06

Evidence of ongoing drug use is not considered grounds for discharge, unless the individual refuses to cooperate with treatment recommendations.

Purpose

Individuals who participate in Opioid Treatment Programs improve social, emotional, and vocational functioning, achieve optimal productivity, and attain the recovery they seek.



Opioid Treatment

CA-OTP 10: Take-Home Privileges for Unsupervised Use of Medication

The organization establishes criteria to determine when take-home privileges can become part of an individual's service plan and how medications are provided in accordance with applicable federal regulations concerning the prescription and distribution of controlled substances.

Rating Indicators

1) All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice standards.

2) Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice standards; e.g.,

- Minor inconsistencies and not yet fully developed practices are noted, however, these do not significantly impact service quality; or
- Procedures need strengthening; or
- With few exceptions procedures are understood by staff and are being used; or
- For the most part, established timeframes are met; or
- Proper documentation is the norm and any issues with individual staff members are being addressed through performance evaluations (CA-HR 6.02) and training (CA-TS 2.03); or
- Active client participation occurs to a considerable extent.

3) Practice requires significant improvement, as noted in the ratings for the Practice standards. Service quality or program functioning may be compromised; e.g.,

- Procedures and/or case record documentation need significant strengthening; or
- Procedures are not well-understood or used appropriately; or
- Timeframes are often missed; or
- A number of client records are missing important information
- Client participation is inconsistent; or
- One of the Fundamental Practice Standards received a rating of 3 or 4.

4) Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice standards; e.g.,

- No written procedures, or procedures are clearly inadequate or not being used; or

Purpose

Individuals who participate in Opioid Treatment Programs improve social, emotional, and vocational functioning, achieve optimal productivity, and attain the recovery they seek.



Opioid Treatment

- Documentation is routinely incomplete and/or missing; or A
- Two or more Fundamental Practice Standards received a rating of 3 or 4.

Table of Evidence

Self-Study Evidence

- Policies, procedures, and criteria regarding take-home privileges
- Material that is given to persons served that addresses safe storage of take-home medication

On-Site Evidence

No On-Site Evidence

On-Site Activities

- Interview:
 - a. Direct service personnel
 - b. Relevant personnel
 - c. Persons served who have earned take-home privileges
 - d. Persons served who have not earned take-home privileges
- Review case records

CA-OTP 10.01

Direct service personnel, medical and other appropriate personnel, service recipients, and, whenever possible, family members, participate in determining if the individual meets criteria for take-home medication.

CA-OTP 10.02

To support the initiation of take-home privileges, the medical director considers:

- a. length of time in treatment;
- b. consistency of clinic attendance;
- c. clinical status;
- d. progress in rehabilitation;
- e. medical necessity;
- f. behavioural factors;
- g. geographic considerations;

Purpose

Individuals who participate in Opioid Treatment Programs improve social, emotional, and vocational functioning, achieve optimal productivity, and attain the recovery they seek.



Opioid Treatment

- h. employment schedules that create hardship for an individual to meet limited clinic hours;
- i. results of toxicology tests; and
- j. other special needs.

Interpretation: *"Other special needs" may include, and are not limited to, emergency circumstances, split dosing, and pain treatment.*

Interpretation: *All elements should be considered collectively in determining whether take home privileges are appropriate for an individual. Decisions should not be based solely on toxicology test reports.*

Interpretation: *Time in treatment is not a factor for patients prescribed buprenorphine for take-home use.*

(FP) CA-OTP 10.03

For each person provided with take-home medication, the organization:

- a. schedules toxicology tests to ensure he or she consumes the opioid treatment medication provided and remains free of substance use;
- b. implements measures to help avoid diversion of controlled substances;
- c. has a physician review his or her status at least every 90 days, or more frequently if clinically indicated; and
- d. periodically reviews the benefits and drawbacks of continued take-home privileges.

Related: CA-OTP 9

CA-OTP 10.04

The medical director uses established criteria to decide when take-home medication is contraindicated, including:

- a. signs or symptoms of withdrawal;
- b. evidence of continued alcohol and drug use;
- c. the absence of laboratory evidence of the opioid treatment medication in toxicology samples;
- d. potential complications from concurrent disorders;
- e. ongoing criminal behaviour; and
- f. absence of stable social relationships or a stable home environment.

Purpose

Individuals who participate in Opioid Treatment Programs improve social, emotional, and vocational functioning, achieve optimal productivity, and attain the recovery they seek.



Opioid Treatment

(FP) CA-OTP 10.05

Individuals receive guidance on how to safely secure take-home medication.

Interpretation: *The medical director considers whether the medication can be safely stored in the person's place of residence when determining if the individual may be permitted unsupervised use of medication.*

CA-OTP 10.06

Take-home medication is prohibited for individuals receiving short-term detoxification or interim maintenance treatment.

NA *The organization does not provide short-term detoxification or interim maintenance treatment.*

CA-OTP 10.07

The organization labels take-home medication with the organization's name, address, and telephone number.

Related: CA-RPM 3

Note: *See also Risk Prevention and Management for standards regarding Medication Control and Administration.*

Purpose

Individuals who participate in Opioid Treatment Programs improve social, emotional, and vocational functioning, achieve optimal productivity, and attain the recovery they seek.



Opioid Treatment

CA-OTP 11: Dosage Requirements

The organization follows procedures for administration of opioid treatment medication to ensure that an adequate, individually determined dose is dispensed.

Rating Indicators

1) All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice standards.

2) Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice standards; e.g.,

- Minor inconsistencies and not yet fully developed practices are noted, however, these do not significantly impact service quality; or
- Procedures need strengthening; or
- With few exceptions procedures are understood by staff and are being used; or
- For the most part, established timeframes are met; or
- Proper documentation is the norm and any issues with individual staff members are being addressed through performance evaluations (CA-HR 6.02) and training (CA-TS 2.03); or
- Active client participation occurs to a considerable extent.

3) Practice requires significant improvement, as noted in the ratings for the Practice standards. Service quality or program functioning may be compromised; e.g.,

- Procedures and/or case record documentation need significant strengthening; or
- Procedures are not well-understood or used appropriately; or
- Timeframes are often missed; or
- A number of client records are missing important information or
- Client participation is inconsistent; or
- One of the Fundamental Practice Standards received a rating of 3 or 4.

4) Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice standards; e.g.,

- No written procedures, or procedures are clearly inadequate or not being used; or
- Documentation is routinely incomplete and/or missing; or
- Two or more Fundamental Practice Standards received a rating of 3 or

Purpose

Individuals who participate in Opioid Treatment Programs improve social, emotional, and vocational functioning, achieve optimal productivity, and attain the recovery they seek.



Opioid Treatment

4.

Table of Evidence

Self-Study Evidence

- Procedure for dosing and administration of opioid treatment medication that address weekend, holiday, travel, and after-hours administration

On-Site Evidence

No On-Site Evidence

On-Site Activities

- Interview:
 - a. Medical director
 - b. Relevant personnel
 - c. Persons served
- Review personnel files

(FP) CA-OTP 11.01

Opioid treatment medication is administered as follows:

- a. a physician makes all dosage decisions within the medically accepted dosage range for effective treatment;
- b. conditions for use are documented in the person's case record;
- c. medications are administered and dispensed in accordance with approved product labelling;
- d. the initial dose of methadone does not exceed 30 milligrams, and 40 milligrams as a total dose for the first day; and
- e. methadone is dispensed in oral form.

Interpretation: *The initial dose of methadone must be determined by an OTP physician familiar with the most up-to-date product labelling, who considers factors, such as body weight, size, other substance-use and abuse, diet, co-occurring disorders, medical diseases, genetic factors, and tolerance. Although the initial dose is indicated not to exceed 30 milligrams, this dose is not appropriate for everyone, and some individuals may require much lower doses. All individuals should be closely monitored during the induction phase and the increases in dosage should be under the close supervision of the physician. It must be documented in the case record*

Purpose

Individuals who participate in Opioid Treatment Programs improve social, emotional, and vocational functioning, achieve optimal productivity, and attain the recovery they seek.



Opioid Treatment

when the 40 milligrams total dose is exceeded based on the physician's determination that the previous dosage did not suppress the person's withdrawal symptoms.

Note: Elements (d) and (e) do not apply to medications other than methadone.

(FP) CA-OTP 11.02

When a physician determines a person is eligible to receive take-home medication, the dose is limited to no more than:

- a. one dose per week in the first 90 days of treatment;
- b. two doses per week in the second 90 days of treatment;
- c. three doses per week in the third 90 days of treatment;
- d. a six-day supply in the remaining months of the year;
- e. a two-week supply after one year of continuous treatment; and
- f. a one-month supply after two years of continuous treatment.

(FP) CA-OTP 11.03

Service recipients receive the appropriate dosage of opioid treatment medication for days when the clinic is closed, for weekends, holidays, and travel.

Interpretation: *The organization informs individuals of its plan for administration of medication in the event that the program temporarily closed due to an emergency.*

Purpose

Individuals who participate in Opioid Treatment Programs improve social, emotional, and vocational functioning, achieve optimal productivity, and attain the recovery they seek.



Opioid Treatment

CA-OTP 12: Detoxification Treatment

Detoxification treatment is provided based on the needs of the individual.

Interpretation: *In these standards, the term "detoxification" refers to detoxification from opioid drugs and not medical or administrative withdrawal from opioid treatment medication, which is addressed in OTP 15.*

NA *The organization does not provide detoxification treatment.*

Rating Indicators

1) All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice standards.

2) Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice standards; e.g.,

- Minor inconsistencies and not yet fully developed practices are noted, however, these do not significantly impact service quality; or
- Procedures need strengthening; or
- With few exceptions procedures are understood by staff and are being used; or
- For the most part, established timeframes are met; or
- Proper documentation is the norm and any issues with individual staff members are being addressed through performance evaluations (CA-HR 6.02) and training (CA-TS 2.03); or
- Active client participation occurs to a considerable extent.

3) Practice requires significant improvement, as noted in the ratings for the Practice standards. Service quality or program functioning may be compromised; e.g.,

- Procedures and/or case record documentation need significant strengthening; or
- Procedures are not well-understood or used appropriately; or
- Timeframes are often missed; or
- A number of client records are missing important information or
- Client participation is inconsistent; or
- One of the Fundamental Practice Standards received a rating of 3 or 4.

4) Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice standards; e.g.,

Purpose

Individuals who participate in Opioid Treatment Programs improve social, emotional, and vocational functioning, achieve optimal productivity, and attain the recovery they seek.



Opioid Treatment

- No written procedures, or procedures are clearly inadequate or not being used; or
- Documentation is routinely incomplete and/or missing; or
- Two or more Fundamental Practice Standards received a rating of 3 or 4.

Table of Evidence

Self-Study Evidence

- A description of the detoxification process
- Procedures related to detoxification
- Service recipient/ personnel care and supervision ratios and scheduling criteria (residential detoxification programs only)
- Privacy policy and procedures (residential detoxification programs only)

On-Site Evidence

No On-Site Evidence

On-Site Activities

- Interview:
 - a. Medical director
 - b. Relevant personnel
- Review:
 - a. Case records
 - b. Service recipient/personnel care and supervision coverage schedule for the past year (residential detoxification programs only)

CA-OTP 12.01

Qualified personnel determine if short- or long-term detoxification treatment is appropriate for the individual using diagnostic criteria according to the Diagnostic and Statistical Manual for Mental Disorders.

CA-OTP 12.02

Individuals are placed in the appropriate level of care and have access to all components of the detoxification process, including:

Purpose

Individuals who participate in Opioid Treatment Programs improve social, emotional, and vocational functioning, achieve optimal productivity, and attain the recovery they seek.



Opioid Treatment

- a. evaluation;
- b. stabilization; and
- c. preparation for entry into substance use treatment.

Related: CA-RPM 3

Interpretation: *Organizations should conduct a multidimensional assessment and utilize standard criteria to determine the appropriate level of care. The multidimensional assessment is strengths-based and addresses the service recipient's needs and challenges, as well as his or her strengths, assets, resources, and supports.*

Research Note: *A consensus panel of physicians, psychologists, counselors, nurses, and social workers established guiding principles in detoxification and substance use treatment. According to the principles, the detoxification process must consist of three sequential and essential components: a) evaluation, 2) stabilization, and 3) fostering patient readiness for and entry into treatment. Evaluation includes a comprehensive assessment and serves as the basis of the initial treatment plan. Stabilization is the process of helping individuals through acute intoxication and withdrawal to achieve a substance-free state. After the individual is stabilized, he or she should then be encouraged to enter into a substance treatment program to promote a continuum of substance use treatment and care.*

CA-OTP 12.03

The organization conducts an initial drug test for individuals in short-and long-term detoxification treatment and monthly random tests for individuals receiving long-term detoxification treatment.

CA-OTP 12.04

The organization limits individuals to two detoxification treatment episodes per year.

(FP) CA-OTP 12.05

Individuals who have had two or more unsuccessful detoxification episodes are assessed by a physician to determine the need for other forms of treatment.

Purpose

Individuals who participate in Opioid Treatment Programs improve social, emotional, and vocational functioning, achieve optimal productivity, and attain the recovery they seek.



Opioid Treatment

CA-OTP 12.06

The organization provides 24-hour-a-day supervision, observation, and care tailored to meet the individual's assessed needs and goals.

Interpretation: *Service recipients' basic daily living requirements should be met in a culturally responsive manner.*

Interpretation: *Staffing requirements and care ratios can vary depending on the age, developmental level, and service needs of the population.*

NA *The organization does not provide detoxification treatment in a residential setting.*

Note: *Organizations must also meet provincial licensing requirements and provide scheduling criteria as justification for their service recipient/personnel care and supervision ratios.*

CA-OTP 12.07

Residential facilities contribute to a physically and psychologically safe, healthy, non-institutional environment by:

- a. providing personal accommodations for individuals that are age, developmentally, gender, and culturally appropriate;
- b. providing private areas for bathing, toileting, and personal hygiene;
- c. allocating rooms for occasional on-site services, as needed;
- d. ensuring accommodations for informal gathering of service recipients, including during inclement weather;
- e. having adequate space for administrative support functions, food preparation, housekeeping, laundry, maintenance, and storage; and
- f. being maintained in good, clean condition.

Related: CA-ASE 4

Interpretation: *Bedroom space should, at a minimum, meet provincial requirements and accommodate basic furnishings.*

Interpretation: *Accommodations may be adjusted as appropriate to the service provided, therapeutic considerations, level of risk, or developmental appropriateness.*

NA *The organization does not provide detoxification treatment in a residential setting.*

Purpose

Individuals who participate in Opioid Treatment Programs improve social, emotional, and vocational functioning, achieve optimal productivity, and attain the recovery they seek.



Opioid Treatment

CA-OTP 12.08

The organization ensures service recipients' comfort, dignity, privacy, and safety by:

- a. establishing and implementing policies for searches of individuals or their property consistent with applicable provincial and federal law;
- b. prohibiting the use of surveillance cameras or listening devices of persons in bedrooms, unless required by judicial order, law, or contract;
- c. maintaining doors on sleeping areas and bathroom enclosures unless there is clear, clinical written justification for their removal;
- d. providing one- or two-person rooms to individuals who need extra sleep, protection from sleep disturbance, or extra privacy for clinical reasons; and
- e. requiring employees to knock before entering a service recipient's room unless there is a safety or clinical concern.

Interpretation: *Individuals should be apprised of the organization's policy regarding room checks and personal searches.*

Interpretation: *Regarding element (e), employees should knock before entering a service recipient's room unless there is an immediate health or safety concern or a well-documented clinical concern.*

Interpretation: *When organizations are required by judicial order, law, or contract, documentation must be provided to justify employing this practice which may include the judicial order, contract, or a copy of the province's safety plan involving the resident. Organizations will need to demonstrate in their privacy policy and procedures that they have taken measures to prevent any unintended violation of an individual's rights and privacy. Service recipients must have access to private areas for self-care and the changing of clothing.*

Sensitivity is taken to ensure that all service recipients, especially abuse or trauma survivors and the LGBTQ population, feel safe and not violated.

Interpretation: *The use of surveillance cameras or listening devices should not be used as a supplement to adequate staffing or supervision protocols.*

NA *The organization does not provide detoxification treatment in a residential setting.*

Purpose

Individuals who participate in Opioid Treatment Programs improve social, emotional, and vocational functioning, achieve optimal productivity, and attain the recovery they seek.



Opioid Treatment

CA-OTP 13: Interim Maintenance Treatment

Interim maintenance treatment is provided to support individual functioning and to ensure continuity of care.

Interpretation: *Interim maintenance treatment programs meet the same requirements and standards of care as comprehensive maintenance treatment programs.*

NA *The OTP does not offer interim maintenance treatment.*

Rating Indicators

1) All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice standards.

2) Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice standards; e.g.,

- Minor inconsistencies and not yet fully developed practices are noted, however, these do not significantly impact service quality; or
- Procedures need strengthening; or
- With few exceptions procedures are understood by staff and are being used; or
- For the most part, established timeframes are met; or
- Proper documentation is the norm and any issues with individual staff members are being addressed through performance evaluations (CA-HR 6.02) and training (CA-TS 2.03); or
- Active client participation occurs to a considerable extent.

3) Practice requires significant improvement, as noted in the ratings for the Practice standards. Service quality or program functioning may be compromised; e.g.,

- Procedures and/or case record documentation need significant strengthening; or
- Procedures are not well-understood or used appropriately; or
- Timeframes are often missed; or
- A number of client records are missing important information or
- Client participation is inconsistent; or
- One of the Fundamental Practice Standards received a rating of 3 or 4.

4) Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice standards; e.g.,

Purpose

Individuals who participate in Opioid Treatment Programs improve social, emotional, and vocational functioning, achieve optimal productivity, and attain the recovery they seek.



Opioid Treatment

- No written procedures, or procedures are clearly inadequate or not being used; or
- Documentation is routinely incomplete and/or missing; or
- Two or more Fundamental Practice Standards received a rating of 3 or 4.

Table of Evidence

Self-Study Evidence

- A description of interim maintenance treatment
- Procedures for transferring persons from interim to comprehensive maintenance treatment
- Procedures for notifying provincial health officer when a person's maintenance status changes
- Documentation that addresses interim maintenance treatment program restrictions

On-Site Evidence

No On-Site Evidence

On-Site Activities

- Interview:
 - a. Clinical or program director
 - b. Relevant personnel
 - c. Persons served
- Review case records

CA-OTP 13.01

The program administrator or sponsor places a person in an interim maintenance treatment program:

- a. with admission priority for pregnant women;
- b. when the person cannot be placed in a comprehensive treatment program within 14 days of application;
- c. within a reasonable geographic area; and
- d. for a maximum of 120 days in any 12 month period.

CA-OTP 13.02

Purpose

Individuals who participate in Opioid Treatment Programs improve social, emotional, and vocational functioning, achieve optimal productivity, and attain the recovery they seek.



Opioid Treatment

The organization establishes written criteria for transferring individuals from interim maintenance to comprehensive maintenance treatment.

CA-OTP 13.03

The organization notifies the provincial health officer when a person begins interim maintenance treatment, leaves interim maintenance treatment, or is transferred to comprehensive maintenance treatment.

CA-OTP 13.04

In interim maintenance treatment programs medication is administered daily under observation.

Interpretation: *In interim maintenance treatment programs take-home medication is not permitted; service plans, rehabilitative, educational, and other counseling services are not required; and service recipients are not assigned a primary counselor.*

Purpose

Individuals who participate in Opioid Treatment Programs improve social, emotional, and vocational functioning, achieve optimal productivity, and attain the recovery they seek.



Opioid Treatment

CA-OTP 14: Opioid Treatment During Pregnancy

The organization provides comprehensive, coordinated treatment services that address medical, prenatal, obstetrical, psychosocial, and addiction concerns for pregnant women.

Rating Indicators

1) All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice standards.

2) Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice standards; e.g.,

- Minor inconsistencies and not yet fully developed practices are noted, however, these do not significantly impact service quality; or
- Procedures need strengthening; or
- With few exceptions procedures are understood by staff and are being used; or
- For the most part, established timeframes are met; or
- Proper documentation is the norm and any issues with individual staff members are being addressed through performance evaluations (CA-HR 6.02) and training (CA-TS 2.03); or
- Active client participation occurs to a considerable extent.

3) Practice requires significant improvement, as noted in the ratings for the Practice standards. Service quality or program functioning may be compromised; e.g.,

- Procedures and/or case record documentation need significant strengthening; or
- Procedures are not well-understood or used appropriately; or
- Timeframes are often missed; or
- A number of client records are missing important information or
- Client participation is inconsistent; or
- One of the Fundamental Practice Standards received a rating of 3 or 4.

4) Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice standards; e.g.,

- No written procedures, or procedures are clearly inadequate or not being used; or
- Documentation is routinely incomplete and/or missing; or
- Two or more Fundamental Practice Standards received a rating of 3 or

Purpose

Individuals who participate in Opioid Treatment Programs improve social, emotional, and vocational functioning, achieve optimal productivity, and attain the recovery they seek.



Opioid Treatment

4.

Table of Evidence

Self-Study Evidence

- Procedures that address the provision of prenatal care for pregnant women served
- Information about education and support groups
- Procedures for withdrawal from methadone for pregnant women
- Procedures that address monitoring pregnant women and addicted newborns

On-Site Evidence

- Copies of information provided directly to persons served regarding potential risk for pregnant women
- Referral procedures
- Educational curricula and written materials that address potential risk for pregnant women

On-Site Activities

- Interview:
 - a. Medical director
 - b. Relevant personnel
 - c. Persons served
- Review case records

CA-OTP 14.01

Pregnant women are given priority for both interim maintenance therapy and comprehensive maintenance therapy, in accordance with their needs.

CA-OTP 14.02

Organization policies and procedures address the special needs of pregnant women, including:

- a. maintenance at the pre-pregnancy medication dose for women who become pregnant during treatment;
- b. dosing protocols for newly admitted pregnant women that are equivalent to those used for all other service recipients;

Purpose

Individuals who participate in Opioid Treatment Programs improve social, emotional, and vocational functioning, achieve optimal productivity, and attain the recovery they seek.



Opioid Treatment

- c. carefully monitoring the methadone dose, especially during the third trimester of pregnancy; and
- d. provision of treatment services for pregnant women with concurrent HIV infection.

CA-OTP 14.03

The organization coordinates and provides prenatal care for pregnant women, including a health evaluation, either directly or by referral to outside medical services, to address their special needs.

(FP) CA-OTP 14.04

Pregnant women who receive opioid treatment are informed about the possible risks associated with:

- a. the effects of treatment on unborn children;
- b. continued use of drugs; and
- c. withdrawal from opioid treatment medication during pregnancy.

(FP) CA-OTP 14.05

When withdrawal from opioid treatment medication is initiated for pregnant women, such withdrawal:

- a. is conducted under the supervision of a physician;
- b. takes place, when possible, in a prenatal unit equipped with foetal monitoring equipment and with regular foetal assessments; and
- c. is not initiated before 14 weeks, nor after 32 weeks, gestation.

Interpretation: *The standard requires a pregnancy test to be performed before withdrawal is initiated.*

CA-OTP 14.06

The organization provides parent education and support groups, directly or by referral, that address:

- a. healthy mother-infant interactions;
- b. signs, symptoms, and effects of neonatal abstinence syndrome; and

Purpose

Individuals who participate in Opioid Treatment Programs improve social, emotional, and vocational functioning, achieve optimal productivity, and attain the recovery they seek.



Opioid Treatment

c. resources to treat neonatal abstinence syndrome.

Interpretation: *Parent education addresses topics to improve mother-infant interactions related to maternal, physical, and dietary care, including for example the promotion of breast-feeding.*

(FP) CA-OTP 14.07

The program is responsible for ensuring that newborns are medically evaluated if signs or symptoms of neonatal abstinence syndrome appear following hospital discharge.

Interpretation: *Programs that do not have responsibility for the care and treatment of newborns should provide education, information, and referral to ensure that mothers who have infants that may be susceptible to health issues seek comprehensive evaluation and treatment for the infant.*

Purpose

Individuals who participate in Opioid Treatment Programs improve social, emotional, and vocational functioning, achieve optimal productivity, and attain the recovery they seek.



Opioid Treatment

CA-OTP 15: Withdrawal

Individuals participate in the development of an appropriate withdrawal schedule and receive the necessary support to prevent relapse.

Rating Indicators

1) All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice standards.

2) Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice standards; e.g.,

- Minor inconsistencies and not yet fully developed practices are noted, however, these do not significantly impact service quality; or
- Procedures need strengthening; or
- With few exceptions procedures are understood by staff and are being used; or
- For the most part, established timeframes are met; or
- Proper documentation is the norm and any issues with individual staff members are being addressed through performance evaluations (CA-HR 6.02) and training (CA-TS 2.03); or
- Active client participation occurs to a considerable extent.

3) Practice requires significant improvement, as noted in the ratings for the Practice standards. Service quality or program functioning may be compromised; e.g.,

- Procedures and/or case record documentation need significant strengthening; or
- Procedures are not well-understood or used appropriately; or
- Timeframes are often missed; or
- A number of client records are missing important information or
- Client participation is inconsistent; or
- One of the Fundamental Practice Standards received a rating of 3 or 4.

4) Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice standards; e.g.,

- No written procedures, or procedures are clearly inadequate or not being used; or
- Documentation is routinely incomplete and/or missing; or
- Two or more Fundamental Practice Standards received a rating of 3 or 4.

Purpose

Individuals who participate in Opioid Treatment Programs improve social, emotional, and vocational functioning, achieve optimal productivity, and attain the recovery they seek.



Opioid Treatment

Table of Evidence

Self-Study Evidence

- Procedures for medical withdrawal that address withdrawal AMA
- Procedures for administrative discharge

On-Site Evidence

No On-Site Evidence

On-Site Activities

- Interview:
 - a. Medical director
 - b. Relevant personnel
 - c. Persons served
- Review case records

CA-OTP 15.01

Medical withdrawal from opioid treatment medication is:

- a. a voluntary and therapeutic process planned for by the individual and a physician; or
- b. conducted in response to an individual's request, but against medical advice (AMA).

CA-OTP 15.02

Medical withdrawal practices include:

- a. dose reduction at a rate well tolerated by the person and in accordance with accepted medical practices;
- b. periodic assessments of mental status;
- c. an assessment of pregnancy for women of childbearing age;
- d. availability of counselling and other support services; and
- e. discontinuation of withdrawal and resumed maintenance therapy, in the event of impending relapse.

Interpretation: *Individuals that undergo medically supervised withdrawal AMA:*

- a. *are provided with information about the risks of discontinuing treatment and information about and referral to alternative treatment programs;*
- b. *can be readmitted to the program within 30 days without repeating the*

Purpose

Individuals who participate in Opioid Treatment Programs improve social, emotional, and vocational functioning, achieve optimal productivity, and attain the recovery they seek.



Opioid Treatment

initial assessment noted in CA-OTP 3; and

c. *are considered for maintenance treatment when withdrawal fails.*

In the case of a pregnant individual the organization should keep the agency providing prenatal care informed of the individual's status consistent with privacy standards.

Reason for seeking discharge and steps taken to avoid discharge are noted in the case record.

(FP) CA-OTP 15.03

When other interventions were proven unsuccessful, a program may determine that administrative withdrawal is necessary, including:

- a. a humane withdrawal schedule based on sound clinical judgement; and
- b. referral or transfer to a suitable, alternative treatment program, whenever possible.

Related: CA-CR 1.01

Interpretation: *Administrative discharges are usually involuntary and may occur for reasons such as non-payment of fees, incarceration, or disruptive conduct or behaviour resulting from violence, dealing drugs, repeated loitering, and flagrant noncompliance.*

Interpretation: *A suggested schedule for medically supervised withdrawal for administrative withdrawal is a minimum of 30 days with adjustments made depending on clinical factors. Referral or transfer to an alternative treatment program is the preferred approach due to the short timeframe and poor prognosis for administrative withdrawal.*

Purpose

Individuals who participate in Opioid Treatment Programs improve social, emotional, and vocational functioning, achieve optimal productivity, and attain the recovery they seek.



Opioid Treatment

CA-OTP 16: Case Closing

Case closing is a planned, orderly process.

Rating Indicators

1) All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice standards.

2) Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice standards; e.g.,

- Minor inconsistencies and not yet fully developed practices are noted, however, these do not significantly impact service quality; or
- Procedures need strengthening; or
- With few exceptions procedures are understood by staff and are being used; or
- Proper documentation is the norm and any issues with individual staff members are being addressed through performance evaluations (CA-HR 6.02) and training (CA-TS 2.03); or
- In a few instances the organization terminated services inappropriately; or
- Active client participation occurs to a considerable extent; or
- A formal case closing summary and assessment is not consistently provided to the public authority per the requirements of the standard.

3) Practice requires significant improvement, as noted in the ratings for the Practice standards. Service quality or program functioning may be compromised; e.g.,

- Procedures and/or case record documentation need significant strengthening; or
- Procedures are not well-understood or used appropriately; or
- Services are routinely terminated inappropriately; or
- A formal case closing summary and assessment is seldom provided to the public authority per the requirements of the standard.; or
- A number of client records are missing important information; or
- Client participation is inconsistent; or
- One of the Fundamental Practice Standards received a rating of 3 or 4.

4) Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice standards; e.g.,

- No written procedures, or procedures are clearly inadequate or not being

Purpose

Individuals who participate in Opioid Treatment Programs improve social, emotional, and vocational functioning, achieve optimal productivity, and attain the recovery they seek.



Opioid Treatment

used; or

- Documentation is routinely incomplete and/or missing; or
- Two or more Fundamental Practice Standards received a rating of 3 or 4.

Table of Evidence

Self-Study Evidence

- Case closing procedures

On-Site Evidence

- Procedures that address continuation of services for persons whose third party benefits have ended

On-Site Activities

- Interview:
 - a. Medical director
 - b. Relevant personnel
 - c. Persons served
- Review case records

CA-OTP 16.01

Planning for case closing:

- a. is clearly defined and includes assignment of staff responsibility;
- b. begins at intake; and
- c. involves service recipients, family members or a legal guardian, and others, as appropriate.

CA-OTP 16.02

Upon case closing, the organization notifies any collaborating service providers, including the courts, as appropriate.

CA-OTP 16.03

When a person's third-party benefits or payments end, the organization

Purpose

Individuals who participate in Opioid Treatment Programs improve social, emotional, and vocational functioning, achieve optimal productivity, and attain the recovery they seek.



Opioid Treatment

determines its responsibility to provide services until appropriate arrangements are made and, if termination or withdrawal of service is probable due to non-payment, the organization works with the person or family to identify other service options.

Interpretation: *The organization must determine on a case-by-case basis its responsibility to continue providing services to persons whose third-party benefits have ended and who are in critical situations.*

NA *The organization does not receive third-party benefits or payments for service.*

Purpose

Individuals who participate in Opioid Treatment Programs improve social, emotional, and vocational functioning, achieve optimal productivity, and attain the recovery they seek.



Opioid Treatment

CA-OTP 17: Aftercare and Follow-Up

The organization and the individual work together to develop an aftercare plan, and follow-up occurs when possible and appropriate.

Interpretation: *While the decision to develop an aftercare plan is based on the wishes of the individual unless aftercare is mandated, the organization is expected to be strongly proactive with respect to aftercare planning.*

Rating Indicators

1) All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice standards.

2) Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice standards; e.g.,

- Minor inconsistencies and not yet fully developed practices are noted, however, these do not significantly impact service quality; or
- Procedures need strengthening; or
- With few exceptions procedures are understood by staff and are being used; or
- Proper documentation is the norm and any issues with individual staff members are being addressed through performance evaluations (CA-HR 6.02) and training (CA-TS 2.03); or
- Active client participation occurs to a considerable extent.

3) Practice requires significant improvement, as noted in the ratings for the Practice standards. Service quality or program functioning may be compromised; e.g.,

- Procedures and/or case record documentation need significant strengthening; or
- Procedures are not well-understood or used appropriately; or
- Aftercare planning is not initiated early enough to ensure orderly transitions; or
- Client participation is inconsistent; or
- One of the Fundamental Practice Standards received a rating of 3 or 4.

4) Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice standards; e.g.,

- There are no written procedures, or procedures are clearly inadequate or not being used; or

Purpose

Individuals who participate in Opioid Treatment Programs improve social, emotional, and vocational functioning, achieve optimal productivity, and attain the recovery they seek.



Opioid Treatment

- Documentation is routinely incomplete and/or missing; or A
- Two or more Fundamental Practice Standards received a rating of 3 or 4.

Table of Evidence

Self-Study Evidence

- Aftercare procedures

On-Site Evidence

No On-Site Evidence

On-Site Activities

- Interview:
 - a. Medical director
 - b. Relevant personnel
 - c. Persons served
- Review case records

CA-OTP 17.01

The aftercare plan is developed sufficiently in advance of case closing to ensure an orderly transition.

CA-OTP 17.02

Aftercare plans identify services needed or desired by the individual and specify steps for obtaining these services.

Interpretation: *An essential component of aftercare is planning for relapse prevention. The plan also addresses re-entry into maintenance treatment in the event of relapse. Plans for meeting the individual's physical and mental health needs following medically supervised withdrawal should also be indicated, as appropriate.*

CA-OTP 17.03

The organization takes the initiative to explore suitable resources, provides referrals for continuing outpatient care, and makes contact with service

Purpose

Individuals who participate in Opioid Treatment Programs improve social, emotional, and vocational functioning, achieve optimal productivity, and attain the recovery they seek.



Opioid Treatment

providers when appropriate.

CA-OTP 17.04

The organization follows up on the aftercare plan, as appropriate, when possible, and with the permission of the service recipient.

Interpretation: *Reasons why follow-up may not be appropriate include, but are not limited to, cases where the person's participation is involuntary, or where there may be a risk to the service recipient such as in cases of domestic violence.*

Purpose

Individuals who participate in Opioid Treatment Programs improve social, emotional, and vocational functioning, achieve optimal productivity, and attain the recovery they seek.



Opioid Treatment

CA-OTP 18: Diversion Control

The organization implements mechanisms to support diversion control and demonstrate accountability to service recipients and the community.

Rating Indicators

1) All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice standards.

2) Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice standards; e.g.,

- Minor inconsistencies and not yet fully developed practices are noted, however, these do not significantly impact service quality; or
- Procedures need strengthening; or
- With few exceptions procedures are understood by staff and are being used; or
- For the most part, established timeframes are met; or
- Proper documentation is the norm and any issues with individual staff members are being addressed through performance evaluations (CA-HR 6.02) and training (CA-TS 2.03); or
- Active client participation occurs to a considerable extent.

3) Practice requires significant improvement, as noted in the ratings for the Practice standards. Service quality or program functioning may be compromised; e.g.,

- Procedures and/or case record documentation need significant strengthening; or
- Procedures are not well-understood or used appropriately; or
- Timeframes are often missed; or
- A number of client records are missing important information or
- Client participation is inconsistent; or
- One of the Fundamental Practice Standards received a rating of 3 or 4.

4) Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice standards; e.g.,

- No written procedures, or procedures are clearly inadequate or not being used; or
- Documentation is routinely incomplete and/or missing; or
- Two or more Fundamental Practice Standards received a rating of 3 or 4.

Purpose

Individuals who participate in Opioid Treatment Programs improve social, emotional, and vocational functioning, achieve optimal productivity, and attain the recovery they seek.



Opioid Treatment

Table of Evidence

Self-Study Evidence

- Diversion control plan

On-Site Evidence

No On-Site Evidence

On-Site Activities

- Interview:
 - a. Clinical or program director
 - b. Security personnel
- Observe the security system

CA-OTP 18.01

Medical and administrative personnel implement a plan to reduce the risk of diversion of controlled substances from legitimate treatment use.

Interpretation: *The diversion control plan addresses: measures to reduce the possibility of diversion of controlled substances; specific responsibilities assigned to personnel for plan implementation; mechanisms for surveillance and continuous monitoring; and a process for corrective action when problems are identified.*

CA-OTP 18.02

The organization prevents loitering by service recipients and maintains a well-managed and fully operational security system.

CA-OTP 18.03

The organization participates in the prescription drug monitoring program, when available.

NA *There is no PDMP available.*

Purpose

Individuals who participate in Opioid Treatment Programs improve social, emotional, and vocational functioning, achieve optimal productivity, and attain the recovery they seek.



Opioid Treatment

CA-OTP 19: Program Administration

The organization's administrative activities support program operations.

Rating Indicators

1) All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice standards.

2) Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice standards; e.g.,

- Minor inconsistencies and not yet fully developed practices are noted, however, these do not significantly impact service quality; or
- Procedures need strengthening; or
- With few exceptions procedures are understood by staff and are being used; or
- For the most part, established timeframes are met; or
- Proper documentation is the norm and any issues with individual staff members are being addressed through performance evaluations (CA-HR 6.02) and training (CA-TS 2.03); or
- Active client participation occurs to a considerable extent.

3) Practice requires significant improvement, as noted in the ratings for the Practice standards. Service quality or program functioning may be compromised; e.g.,

- Procedures and/or case record documentation need significant strengthening; or
- Procedures are not well-understood or used appropriately; or
- Timeframes are often missed; or
- A number of client records are missing important information or
- Client participation is inconsistent; or
- One of the Fundamental Practice Standards received a rating of 3 or 4.

4) Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice standards; e.g.,

- No written procedures, or procedures are clearly inadequate or not being used; or
- Documentation is routinely incomplete and/or missing; or
- Two or more Fundamental Practice Standards received a rating of 3 or 4.

Purpose

Individuals who participate in Opioid Treatment Programs improve social, emotional, and vocational functioning, achieve optimal productivity, and attain the recovery they seek.



Opioid Treatment

Table of Evidence

Self-Study Evidence

- A description of program administration
- Record-keeping procedures

On-Site Evidence

No On-Site Evidence

On-Site Activities

- Interview:
 - a. Clinical or program director
 - b. Individual in charge of the record-keeping system
- Observe record keeping system

CA-OTP 19.01

The organization conducts annual reviews of program policies and procedures.

CA-OTP 19.02

A record-keeping system documents and monitors client care in conformity with all federal and provincial reporting requirements relevant to opioid treatment.

CA-OTP 19.03

The organization develops and maintains record-keeping systems to:

- a. improve the quality of documentation;
- b. safeguard confidentiality;
- c. comply with the approved central registry system, when available;
- d. provide PDMP reports when applicable; and
- e. record all patient information, patient care, and related services.

Research Note: *Research shows that electronic record systems are linked to improved client outcomes, increased client participation, enhanced care coordination and quality measurement, lower costs, and fewer medical errors. Recognizing that these systems support the integration and*

Purpose

Individuals who participate in Opioid Treatment Programs improve social, emotional, and vocational functioning, achieve optimal productivity, and attain the recovery they seek.



Opioid Treatment

coordination of care, federal regulatory bodies are encouraging opioid treatment programs (OTPs) to implement electronic record systems to facilitate compliance with best practice standards. However, despite the benefits, there are certain barriers that OTPs must consider related to the privacy, security, and confidentiality of client information in order to adhere to federal and provincial privacy and confidentiality laws.

Purpose

Individuals who participate in Opioid Treatment Programs improve social, emotional, and vocational functioning, achieve optimal productivity, and attain the recovery they seek.



Opioid Treatment

CA-OTP 20: Personnel

Opioid treatment program personnel are trained and competent to carry out tasks related to their positions.

Rating Indicators

- 1) All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice standards.
- 2) Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice standards; e.g.,
 - With some exceptions, staff (direct service providers, supervisors, and program managers) possess the required qualifications, including: education, experience, training, skills, temperament, etc., but the integrity of the service is not compromised.
 - Supervisors provide additional support and oversight, as needed, to staff without the listed qualifications.
 - Most staff who do not meet educational requirements are seeking to obtain them.
 - With some exceptions staff have received required training, including applicable specialized training.
 - Training curricula are not fully developed or lack depth.
 - A few personnel have not yet received required training.
 - Training documentation is consistently maintained and kept up-to-date with some exceptions.
 - A substantial number of supervisors meet the requirements of the standard, and the organization provides training and/or consultation to improve competencies.
 - Supervisors provide structure and support in relation to service outcomes, organizational culture and staff retention.
 - With a few exceptions caseload sizes are consistently maintained as required by the standards.
 - Workloads are such that staff can effectively accomplish their assigned tasks and provide quality services, and are adjusted as necessary in accord with established workload procedures.
 - Procedures need strengthening.
 - With few exceptions procedures are understood by staff and are being used.
 - With a few exceptions specialized staff are retained as required and possess the required qualifications.
 - Specialized services are obtained as required by the standards.

Purpose

Individuals who participate in Opioid Treatment Programs improve social, emotional, and vocational functioning, achieve optimal productivity, and attain the recovery they seek.



Opioid Treatment

3) Practice requires significant improvement, as noted in the ratings for the Practice standards. Â Service quality or program functioning may be compromised; e.g.,

- One of the Fundamental Practice Standards received a rating of 3 or 4.
- A significant number of staff, e.g., direct service providers, supervisors, and program managers, do not possess the required qualifications, including: education, experience, training, skills, temperament, etc.; and as a result the integrity of the service may be compromised.
 - Job descriptions typically do not reflect the requirements of the standards, and/or hiring practices do not document efforts to hire staff with required qualifications when vacancies occur.
 - Supervisors do not typically provide additional support and oversight to staff without the listed qualifications.
- A significant number of staff have not received required training, including applicable specialized training.
 - Training documentation is poorly maintained.
- A significant number of supervisors do not meet the requirements of the standard, and the organization makes little effort to provide training and/or consultation to improve competencies.
- There are numerous instances where caseload sizes exceed the standards' requirements.
- Workloads are excessive and the integrity of the service may be compromised.Â
 - Procedures need significant strengthening; or
 - Procedures are not well-understood or used appropriately; or
- Specialized staff are typically not retained as required and/or many do not possess the required qualifications; or
- Specialized services are infrequently obtained as required by the standards.

4) Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice standards; e.g.,

For example:

- Two or more Fundamental Practice Standards received a rating of 3 or 4.

Table of Evidence

Self-Study Evidence

Purpose

Individuals who participate in Opioid Treatment Programs improve social, emotional, and vocational functioning, achieve optimal productivity, and attain the recovery they seek.



Opioid Treatment

- Table of contents of training curricula
- Procedures and criteria used for assigning and evaluating workloads

On-Site Evidence

- Documentation of training
- Training curricula
- Policy and procedures addressing employee health and vaccinations and other documents as necessary
- Documentation of workload assessment

On-Site Activities

- Interview:
 - a. Supervisors
 - b. Personnel
- Review personnel files

CA-OTP 20.01

A medical director assumes responsibility for:

- a. administering medical services; and
- b. carrying out other duties prescribed by law or regulation to be assumed by a physician in an opioid treatment program.

CA-OTP 20.02

The medical director and program administrator or sponsor stay current with all applicable federal, provincial, and local laws and regulations applicable to opioid treatment programs, including those that address technology-based service delivery.

CA-OTP 20.03

The clinical team makes level of care, treatment, and termination-of-service decisions with service recipients and includes the participation of a physician in the review and decision-making process.

Interpretation: *A physician, often in the role of a consultant, supervises and prescribes needed medical care or examinations.*

Purpose

Individuals who participate in Opioid Treatment Programs improve social, emotional, and vocational functioning, achieve optimal productivity, and attain the recovery they seek.



Opioid Treatment

(FP) CA-OTP 20.04

All personnel and consulting providers are annually screened for tuberculosis and receive a hepatitis B vaccination if they are considered to be at risk for exposure to hepatitis.

CA-OTP 20.05

Personnel receive ongoing in-service training about:

- a. the concept of addiction as a disease;
- b. establishing a working alliance with individuals receiving treatment;
- c. the goals of opioid treatment in regard to other drug use;
- d. the latest information, theories, and techniques in identification, diagnosis, and treatment of alcohol and other drug problems, including the harm reduction model; and
- e. interventions that demonstrate respect for sociocultural values, personal goals, lifestyle choices, and complex family interactions.

Research Note: *There are many factors associated with retention of participants in treatment, including severity of psychiatric symptoms. Research suggests that a therapeutic alliance is associated with treatment outcomes, and individuals with more severe psychiatric symptoms are more likely to complete treatment if they have a strong alliance with the service provider.*

CA-OTP 20.06

Ongoing in-service training for personnel also addresses:

- a. relapse prevention;
- b. recognition of co-occurring health and mental health conditions and integrated services available to meet them;
- c. management of drug overdose;
- d. special treatment needs of women;
- e. criminal justice issues, as appropriate;
- f. the benefits and limitations of tests that screen for drug use; and
- g. HIV/AIDS symptoms, risk-reduction and infection control guidelines, testing, and counselling techniques and skills.

CA-OTP 20.07

Purpose

Individuals who participate in Opioid Treatment Programs improve social, emotional, and vocational functioning, achieve optimal productivity, and attain the recovery they seek.



Opioid Treatment

Direct service personnel workloads support the achievement of client outcomes, are regularly reviewed, and are based on an assessment of the following:

- a. the qualifications, competencies, and experience of the worker, including the level of supervision needed;
- b. the work and time required to accomplish assigned tasks and job responsibilities; and
- c. service volume, accounting for assessed level of needs of new and current clients and referrals.

Purpose

Individuals who participate in Opioid Treatment Programs improve social, emotional, and vocational functioning, achieve optimal productivity, and attain the recovery they seek.



Opioid Treatment

CA-OTP 21: Personnel Qualifications

The organization retains, or contracts with, personnel who are credentialed to work with service recipients.

Rating Indicators

- 1) All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice standards.
- 2) Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice standards; e.g.,
 - With some exceptions, staff (direct service providers, supervisors, and program managers) possess the required qualifications, including: education, experience, training, skills, temperament, etc., but the integrity of the service is not compromised.
 - Supervisors provide additional support and oversight, as needed, to staff without the listed qualifications.
 - Most staff who do not meet educational requirements are seeking to obtain them.
 - With some exceptions staff have received required training, including applicable specialized training.
 - Training curricula are not fully developed or lack depth.
 - A few personnel have not yet received required training.
 - Training documentation is consistently maintained and kept up-to-date with some exceptions.
 - A substantial number of supervisors meet the requirements of the standard, and the organization provides training and/or consultation to improve competencies.
 - Supervisors provide structure and support in relation to service outcomes, organizational culture and staff retention.
 - With a few exceptions caseload sizes are consistently maintained as required by the standards.
 - Workloads are such that staff can effectively accomplish their assigned tasks and provide quality services, and are adjusted as necessary in accord with established workload procedures.
 - Procedures need strengthening.
 - With few exceptions procedures are understood by staff and are being used.
 - With a few exceptions specialized staff are retained as required and possess the required qualifications.
 - Specialized services are obtained as required by the standards.

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3) Practice requires significant improvement, as noted in the ratings for the Practice standards. Â Service quality or program functioning may be compromised; e.g.,

- One of the Fundamental Practice Standards received a rating of 3 or 4.
- A significant number of staff, e.g., direct service providers, supervisors, and program managers, do not possess the required qualifications, including: education, experience, training, skills, temperament, etc.; and as a result the integrity of the service may be compromised.
 - Job descriptions typically do not reflect the requirements of the standards, and/or hiring practices do not document efforts to hire staff with required qualifications when vacancies occur.
 - Supervisors do not typically provide additional support and oversight to staff without the listed qualifications.
- A significant number of staff have not received required training, including applicable specialized training.
 - Training documentation is poorly maintained.
- A significant number of supervisors do not meet the requirements of the standard, and the organization makes little effort to provide training and/or consultation to improve competencies.
- There are numerous instances where caseload sizes exceed the standards' requirements.
- Workloads are excessive and the integrity of the service may be compromised.Â
 - Procedures need significant strengthening; or
 - Procedures are not well-understood or used appropriately; or
- Specialized staff are typically not retained as required and/or many do not possess the required qualifications; or
- Specialized services are infrequently obtained as required by the standards.

4) Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice standards; e.g.,

For example:

- Two or more Fundamental Practice Standards received a rating of 3 or 4.

Table of Evidence

Self-Study Evidence

Purpose

Individuals who participate in Opioid Treatment Programs improve social, emotional, and vocational functioning, achieve optimal productivity, and attain the recovery they seek.



Opioid Treatment

- Program staffing chart that includes lines of supervision
- List of program personnel that includes:
 - a. name;
 - b. title;
 - c. degree held and/or other credentials;
 - d. FTE or volunteer;
 - e. length of service at the organization
 - f. time in current position

On-Site Evidence

- Job descriptions

On-Site Activities

- Interview:
 - a. Supervisors
 - b. Personnel
- Review personnel files
- Verify the employment or contact with qualified clinicians

CA-OTP 21.01

The medical director is a licenced physician with at least one year of experience in addiction medicine or addiction psychiatry

CA-OTP 21.02

Direct service personnel are qualified by one of the following:

- a. an advanced degree in social work, medicine, psychology, pastoral counselling, marriage and family counselling, mental health or substance use counselling, or psychiatric nursing, and in-service or other training in the treatment of substance use conditions;
- b. a bachelor's degree in social work or a related human service field with specialized training and experience in the area of substance use treatment;
- c. certification by the designated authority when the province requires certification of drug abuse counsellors;
- d. personal experience with drug use recovery and specialized training and demonstrated skills in the area of substance use treatment; or
- e. specific and relevant training in the treatment of substance use and a minimum of two years' work experience in a substance use treatment

Purpose

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Opioid Treatment

service.

CA-OTP 21.03

Supervisors are qualified by:

- a. an advanced degree in a human service field from an accredited institution and a minimum of two years' post-graduate professional experience; and/or
- b. specialized training and experience in substance use diagnosis and treatment and additional training in supervision; and/or
- c. certification as approved drug counselling supervisors by the designated authority as required by the province.

CA-OTP 21.04

Personnel who administer and dispense opioid treatment medication are:

- a. practitioners licenced and registered under the appropriate federal and provincial laws; or
- b. supervised by a licenced practitioner.

Interpretation: *In some provinces, practitioners other than licenced physicians are permitted to administer and dispense opioid treatment medications. An "agent" must be a pharmacist, registered nurse, licenced practical nurse, physician assistant, or a healthcare professional authorized by federal and/or provincial law to administer and dispense opioid treatment medication.*

CA-OTP 21.05

Social work, medical, psychological, and psychiatric consultants with specialized training in the treatment of substance use are available through formal agreement when not represented among the organization's personnel.

Purpose

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